MHDS Redesign Children's Workgroup

Meeting #1
August 16, 2011, 10:00 am to 3:00 pm
Altoona Public Library
700 8th Street S.W., Altoona, IA

MINUTES

Attendance

Workgroup Members: Jennifer Vermeer/Chair, Mark Peltan/Co-Chair, Marilyn Althoff, Nicole Beaman, Paula Connolly, Jim Ernst, Jerry Foxhoven, Jason Haglund, Jan Heikes, Janice Lane, Gail Barber, Samantha Murphy, Wendy Rickman, Rhonda Shouse, Jason Smith, David Stout

Legislative Representation: None

Facilitator: Kappy Madenwald, Technical Assistance Collaborative (TAC)

DHS Staff: Theresa Armstrong, Joanna Schroeder, Carmen Davenport, Jen Harbison

Other Attendees:

Liz O'Hara	UIHC, Center for Disabilities & Development
Vickie Miene	Child Health Specialty Clinics
Lyle Krewson	Lutheran Social Services in Iowa & NASW
Deb Dixon	Iowa Department of Inspections & Appeals
Lisa Robin Sanford	Office for Consumer Affairs
Kristie Oliver	Coalition for Family & Children's Services
Joan Discher	Magellan
Sheila Hansen	Child & Family Policy Center
Sara Eide	Mercy Health Network
Sara Lupkes	Polk County Health Services
Melissa Fitzgerald	Sequel Youth Services
Deb Eckerman Slack	ISAC/CCMS
Deborah Thompson	Legislative Service Agency
Andy Eastwood	Mental Health Center of North Iowa
Michelle Lickteig	Wellmark
Sandi Jacques	Tanager Place
Kyle Frette	Easter Seals of Iowa
Greg Boattenhamer	Iowa Hospital Association

Agenda

Agenda Topics:

- Introductions of members and facilitator
- Workgroup Overview
- Overview of topics to be discussed by the Children's Disability Workgroup
- Lunch
- Presentation by Kappy Madenwald on best practices for youth
- Wrap-up

WORKGORUP OVERVIEW AND INTRODUCTORY REMARKS

Introductory Remarks by Jennifer Vermeer, Iowa Medicaid Director:

Introductory remarks:

- Welcomed the workgroup
- Facilitated introductions of the Workgroup members
- Facilitated introduction of members of the public
- Joanna Schroeder was introduced as the person who is managing the workgroup meeting process for DHS
- Kappy Madenwald was introduced as the workgroup facilitator from the Technical Assistance Collaborative (TAC) and is one of five consultants from TAC facilitating Workgroup sessions. The other consultants are facilitating the Regionalization, Adult Mental Health Services and Adult Intellectual Disability and Developmental Disability Services Workgroups
- Reviewed the handouts each workgroup member received and described the availability of and access to all materials on the website

Workgroup Overview:

- Reviewed SF 525 expectations:
    - "Redesign of publicly funded children's disability services, including but not limited to the needs of children who are placed out-of-state due to the lack of treatment services in this state.
    - The initial proposal developed during the 2011 legislative interim shall include an analysis of gaps in the children's system and other planning provisions necessary to complete the final proposal for submission on or before December 10, 2012."
- Described this committee and its charge in relation to the other work groups
    - The efforts of this workgroup will have overlay with other workgroups as details of the redesign unfolds
    - Unlike the other redesign workgroups this workgroup has a longer time horizon, with work expected to be completed by December, 2012 with a PMIC workgroup to follow

- Indicated the need to develop an integrated delivery of services across multiple systems with an emphasis on bringing children back to Iowa and having pathways in place to sustain services close to the child's home community
- Indicated a particular need to focus on the children currently receiving services in an out-of-state placement, AND on transition and discharge planning for the children, which has been difficult for social workers and out-of-state providers
- Workgroup members reviewed a handout, "Out of State Placements – Children," that summarized the number of out-of-state placements.

Renee Schulte, State Representative, House District 37 (Linn County) and Co-chair of the Legislative Interim Committee on MHDS Redesign stepped in briefly, and introduced herself and described the intent of the Children's Workgroup based on SF 525. Ms. Schulte indicated that this group will potentially do work over a 2 year period of time.

GROUP DISCUSSION OF OTHER IMPORTANT THINGS TO CONSIDER

Review of Working Agenda:

- Kappy Madenwald reviewed the working agenda for the six weeks of sessions and indicated that the agenda will evolve as work progresses based on what the members feel is needed to complete its charge. By the end of the session, it is expected that the agenda for the following session will be clear.

Defining the Target Population:

- Kappy invited participation of members in defining the population of children who are using residential placements including those in out-of-state placement.

The following themes emerged:

- Why didn't the child get served in-state?
    - What more can we find out about the decision-making?
    - What is their service history?
    - Limited in-state ID capacity
    - Placement could be "closest to home" even if "out-of-state"
    - What is the path to out-of-state placement?
        - School-related factors
        - Juvenile Justice-related factors
        - Child Welfare-related factors
        - Family-initiated/facilitated admission process

- Transition planning from the institutional placement to home is insufficient:
    - Not holistic transition planning
    - Need for care coordination
    - No mechanisms/funding for pulling people/systems together

    - Some communities do a tremendous job with this—but it is localized, not statewide
    - Schools receive minimal support
    - Burden for reintegration falls on parent(s)
    - Parents really on their own unless the child has an MH waiver

- Three Status types for children placed in residential
    - Delinquent
    - Child Welfare-involved
    - Voluntary

- Discussed in more detail the main systemic access points into/pressure points that lead to residential treatment including out-of-state placement

School-related factors:

- School concludes that child/classmates unsafe/parents called frequently
- "Lots of parents going the home-schooling route"
- There are treatment services provided in schools, but not connected to a coordinated process
- Schools don't have resources on hand to support extra needs
- Supports provided through off-site "Area Education Agencies" that are cooperatives—each serving a number of schools districts. The AEA's write the IEPs, do testing, are staffed with social workers and psychologists
- Evaluation processes
    - Evals that identify needs don't seem to be at the level necessary to determine the proper treatment path (ex. need might be remedial educational services, but problem behaviors are addressed instead)
    - School identification of special educational needs is not rewarded
    - 360 school districts—all doing things differently
- School bullying is an issue
- Returning from residential
- Credits may not count
- School/student do not have the necessary supports for return to succeed
- Limited continuity planning between residential setting and school

Child Protection Services (CPS):

- There are two paths into Child Welfare services:
    - Protective Assessment
    - Child in Need of Assessment ("CINA Assessment")
- Used to play a "default" role of offering "system navigation" support for parents who called seeking assistance—this is no longer a service that is provided
- Foster group care is not the first choice; emphasis is to have the child remain in the home with services to remain in the home environment
- Child Welfare serves approximately 1700—2000 youth in foster group placement
- Approximately 75 are currently out of state

- Children awaiting placement often wait in shelter beds; others are in locked psychiatric inpatient units and are often "clinically stable, but aggressive"
- Out of state placements are made as an "exception"
- Rigorous process
    - Most have 'failed' an in-state placement
- It is noted however that staff are classically trained protective caseworkers who generally do not have experience working with children with ID or MI
    - Child and family will have a DHS SW to help identify the needs and connect them with community based/core services and natural supports
    - Community based/core services are more prevalent in urban settings vs. rural
    - No variation in services or not tailored to meet the needs of the child and family
- "It is a struggle for every child, by every case manager"

Juvenile Court Services (JCS) ~

- (It is noted that JCS is not fully represented at today's meeting due to scheduling conflict)
- A number of cases where JCS and DHS are involved together—agencies decide what system will "take the lead".
- Generally use the State Training Schools as they are able to serve/handle the high needs of children with delinquent behaviors; beds limited
- JCS developed a Risk Assessment Tool and are moving towards evidence based practices
- Inconsistent array of services for children transitioning home
- Have used Family Safety, Risk, and Permanency (FSRP) services during transition/discharge planning
- Need to have flexible funding available to do what is needed to maintain permanency; (DECAT) is most flexible fund but availability varies by community
- Judges don't select the placement, but pick the level of care while Juvenile Court officers select the placement
- Officers use a risk assessment tool and try to provide different services for low and medium risk children
- Group Care providers have identified service gap in returning juvenile justice involved children to the community
- 2nd district has strong program

Review of Best Practices for Youth:

- 5 Handouts on best practices for children were distributed for review and key points were described:
    - Minnesota Children's Mental Health System: data suggested there have been positive outcomes to increasing access to community services (crisis intervention, school-linked MH services, Children's Therapeutic Services and Supports (CTSS) and Day Treatment). The outcomes include a

decrease in the number of children served in residential and state-operated regional treatment centers, reduced number of school suspensions and 78% of children remaining in the community following crisis intervention.
    - Alaska Bring the Kids Home Update and 2 Year Plan: Alaska is in the last two years of a five-year plan to 'Bring The Kids Home' from out-of-state residential psychiatric treatment facilities. The state found it was increasingly reliant on the out of state placements and the cost of providing the service was continuing to rise. Results include a significant reduction in both the number of children admitted (in or out of state) to residential treatment and Medicaid claim payments. Emphasis has been on a commitment to guiding principles, capacity enhancement, care coordination and workforce development.
    - 2010 Multi-Systemic Therapy (MST) Data Report: summarizes outcomes for 20,000+ youth from across the country who received fidelity MST. Summary of the Wraparound Evidence Base: April 2010 Update—Almost every state is funding some amount of wraparound care planning and many are doing it statewide. This report summarizes outcome research to date.
    - The Next Generation of Family Support Services: describes best practices in Family Support services for children with Intellectual Disability (ID); provides the child and family, with a 3-pronged system of formal, informal, and family supports; shared responsibility with the family and service delivery system.
- Shared information about how Massachusetts social services developed array of remedy treatment services that were implemented as a result of a class action lawsuit known as 'Rosie D.' with an emphasis on a Family Partners, Mobile Crisis Teams for Children, Wraparound Care Planning, and competency development for individuals providing the service
- Key components of system development efforts by states:
    - Developing effective System of Care processes both family by family basis, and as an overarching way of coordinating services in a community
    - Developing an effective Crisis System of Care
    - This involves systems that pay attention to crisis prevention, early intervention, resolution-focused acute intervention and treatment, and post-crisis components

NEXT STEPS

Information requested:

- Provide data on shelter beds
- Best Practices with Transition Age Youth
- Additional data needed on out of state placements:
    - Identify number of previous placements
    - Identify home county
    - Identify the systems the children were linked to prior to out of state placement

Meeting 2 Agenda:

- Review of best practice information on programs for Transition Age children/young adults
- Review data of children currently placed in out of state placement
    - Why didn't we serve them in state?
    - Review of treatment history
- Review of multi-year residential admission trending
- Overview of two Systems of Care in Iowa:
    - NE Iowa Community Circle of Care
    - Central Iowa System of Care
- Outline a framework for bringing children home

MEETING SUMMARY

Final Comments By Members:

- When CPS stopped providing system navigation families began seeking similar system navigation support through CPC Offices and staff generally don't know child-serving system
- Not enough service nuance and variety to give kids, in a tailored way, what they need
- Kids get what we've got, not what they need
- Need a system that is nimble, developmentally appropriate, un-siloed, accessible, with "specialized' competencies
- Compare Iowa provider reimbursement vs. out of state provider reimbursement—regardless of level of care, beds in Iowa are all priced about the same. Could provide the services in Iowa, but need higher rate
- Use of public institutions to house children needing placement
- CMH waiver is not readily available due to the extensive waiting list
- Need for Crisis Intervention Services to help manage the child in the home vs. lengthy inpatient psychiatric/shelter stays

- There is a population of children that needs long-term placement option and we are not systemically designed to support that. May have shifted too far towards the short term
- MH Waiver
- Kids are waiting at home for MH waiver services
- Waiver is useful, but it is a "package" rather than individualized service set
- Kids aren't screened in advance for eligibility—about half will meet the criteria when they get to the top of the wait list
- Need to meet "hospital level of care" for a waiver program with a lengthy wait list is a mismatch
- For MH waiver—have learned that Aspergers (as a secondary diagnosis) is a dirty word—risk of not meeting criteria because Aspergers is viewed as non-rehabilitative

PUBLIC COMMENT

COMMENT: Systems of Care has an array of wraparound services, but would like to see more choices for families participating in Family Team Meetings (FTM). The FTMs are strength based, but offer little variation in how services are delivered.

COMMENT: System of Care could be strengthened by knowing more about the complexity of trauma, and how it affects children and families across the lifespan.

COMMENT: An Iowa provider shared that they are interested in working with Iowa to explore/develop new programs to serve children in Iowa.

COMMENT: Want to see whether we can build an integrated system for ID and MH.

Members of the public who commented were collectively thanked for their attendance and comments and reminded to sign the attendance sheet to receive updates on the committee activities.

Note: The next meeting will be extended until 3:15 pm to allow 30 minutes for public comment.

For more information:

Handouts and meeting information for each workgroup will be made available at: http://www.dhs.state.ia.us/Partners/MHDSRedesign.html

Website information will be updated regularly and meeting agendas, minutes, and handouts for the six redesign workgroups will be posted there.